

Insurer's Reconciliation Statement

Calendar Year: 2004

Group Name: _____ NAIC Group Code: _____

Company Name: _____ NAIC Company Code: _____

1. Direct Premiums WrittenEnter the amount of direct premiums written during the period **January 1, 2004** through **March 31, 2004**

A _____

Enter the amount of direct premiums written during the period **April 1, 2004** through **December 31, 2004**

B _____

Total amount of direct premiums written during calendar year 2004 (Line A + Line B) will equal the amount reported to the Vermont Department of Banking, Insurance, Securities & Health Care Administration (BISHCA), on the company's annual statement. [Exhibit of Premiums and Losses (Statutory Page 14 Data), Line 16, Column 1]

1. _____

2. Annual Assessment DueThe assessment rate for the period **1/1/04** through **3/31/04** was **0.85%**.
Multiply Line A above by .0085

C _____

The assessment rate for the period **4/1/04** through **12/31/04** was **0.40%**.
Multiply Line B above by .004

D _____

Total annual assessment due (Line C + Line D)

2. _____

3. Quarterly Assessments Previously SubmittedEnter the quarterly assessments actually submitted throughout calendar year 2004.[Please note: negative amounts (credits) **SHOULD NOT** be listed here, with the exception of the amount carried forward.]

Amount carried forward from 2003, and not refunded _____

1st Quarter _____2nd Quarter _____3rd Quarter _____4th Quarter _____

TOTAL AMOUNT PREVIOUSLY SUBMITTED = 3. _____

4. Balance Due

Subtract line 3 from line 2. If the amount is greater than 0, this is the remaining assessment amount due.

Make Checks Payable to: **VT Dept of Labor****Forward check, and this form, to:** Workers' Comp Admin Fund
National Life Building, Drawer 20
Montpelier VT 05620-3401

AMOUNT DUE = 4. _____

5. Credit to be applied to next quarterly submission or Amount to be refunded

If line 5 is less than zero, this amount will carry-forward and be credited towards the next quarterly assessment due. Alternatively, this amount may be refunded if requested.

CREDIT = 5. _____

6. Certification

I certify that the information identified above, and submitted, is true and accurate.

(Signature)

(Date)

Name: _____

Telephone: _____

Title: _____

Email: _____

Group Address: _____

Company Address: _____



Include a copy of "Exhibit of Premiums and Losses (Statutory Page 14 Data)" with your submission

